

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90024 006 \*\*\*\*70.00

**DOCUMENT # N16092**

1. Entity Name

**GULF BEACH PRESBYTERIAN CHURCH OF PANAMA CITY BE**

Principal Place of Business

Mailing Address

**GULF BEACH PRESBYTERIAN CHURCH**  
**271 S. HIGHWAY 79**  
**PANAMA CITY FL 32413**  
**US**

**GULF BEACH PRESBYTERIAN CHURCH**  
**271 S HIGHWAY 79**  
**PANAMA CITY FL 32413-2152**  
**US**

CI



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**PANAMA CITY BEACH, FLORIDA**

**PANAMA CITY BEACH, FLORIDA**

4. FEI Number

**59-2383759**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMIBERT, GORDON L**  
**17002 PIRENZO AVENUE**  
**PANAMA CITY BEACH FL 32413**

Name

**ARTHUR S. HOPKINS**

Street Address (P.O. Box Number is Not Acceptable)

**121 ROSE CORAL DRIVE**

City

**PANAMA CITY BEACH**

**FL**

Zip Code

**32408**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Arthur S. Hopkins*

**ARTHUR S. HOPKINS, TREASURER**

*1/26/00*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T  Delete  
 NAME **SMIBERT, GORDON L**  
 STREET ADDRESS **17002 PIRENZO AVENUE**  
 CITY-ST-ZIP **PANAMA CITY FL 32413**

TREASURER T  Change  Addition  
 NAME **HOPKINS, ARTHUR S**  
 STREET ADDRESS **121 ROSE CORAL DRIVE**  
 CITY-ST-ZIP **PANAMA CITY BEACH, FL 32408**

O  Delete  
 NAME **EDDINS, NAN**  
 STREET ADDRESS **4625 DELWOOD PARK BLVD.**  
 CITY-ST-ZIP **PANAMA CITY BEACH FL**

ELDER, CLERK OF SESSION D  Change  Addition  
 NAME **EDDINS, NAN**  
 STREET ADDRESS **4628 DELWOOD PARK BLVD.**  
 CITY-ST-ZIP **PANAMA CITY BEACH, FL 32408**

D  Delete  
 NAME **WILLIAMS, TOM**  
 STREET ADDRESS **P O BOX 27161, 1113 REDFISH CIR**  
 CITY-ST-ZIP **PANAMA CITY FL 32411**

ELDER D  Change  Addition  
 NAME **BIGGERS, STEPHEN T., III**  
 STREET ADDRESS **115 SUN LANE**  
 CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413-3212**

D  Delete  
 NAME **CLARK, DOUG**  
 STREET ADDRESS **228 MARLIN CIRCLE**  
 CITY-ST-ZIP **PANAMA CITY BCH FL 32411**

ELDER D  Change  Addition  
 NAME **CLARK, DOUGLAS A**  
 STREET ADDRESS **P. O. BOX 27506, 229 MARLIN CIRCLE**  
 CITY-ST-ZIP **PANAMA CITY BEACH, FL 32411-7506**

VPS  Delete  
 NAME **MINER, BILL**  
 STREET ADDRESS **112 PALM CIRCLE**  
 CITY-ST-ZIP **PANAMA CITY BCH FL**

ELDER D  Change  Addition  
 NAME **GILMORE, LORRAINE**  
 STREET ADDRESS **100 VILLA COURT**  
 CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

D  Delete  
 NAME **KNODEL, JOHN**  
 STREET ADDRESS **17462 FRONT BEACH ROAD**  
 CITY-ST-ZIP **PANAMA CITY BCH FL 32413**

ELDER D  Change  Addition  
 NAME **KNODEL, JOHN**  
 STREET ADDRESS **17462 FRONT BEACH ROAD, BOX 232.**  
 CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Arthur S. Hopkins*

**ARTHUR S. HOPKINS, TREASURER**

Date

(850)234-2594

(850)234-3161

Daytime Phone #

CR2E037 (9/99)